

<b>ORDER FOR SUPPLIES OR SERVICES</b> <i>(Contractor must submit four copies of invoice.)</i>						<i>Form Approved</i> <i>OMB No. 0704-0187</i> <i>Expires Jun 30, 1997</i>		PAGE 1 OF <b>2</b>													
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.																					
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>																					
1. CONTRACT/PURCH ORDER NO. <b>SP0700-01-D-9701</b>			2. DELIVERY ORDER NO. <b>Z193</b>		3. DATE OF ORDER (YYMMDD) <b>2004 OCT 09</b>		4. REQUISITION/PURCH REQUEST NO. <b>W68NE342820681</b>		5. PRIORITY												
6. ISSUED BY CODE <b>SP0700</b>  <b>DEFENSE SUPPLY CENTER COLUMBUS</b> <b>P.O. Box 3990</b> <b>Columbus, OH 43218-3990</b>				7. ADMINISTERED BY (If other than 6) CODE <b>SP0700</b>  <b>SC0700 DEFENSE SUPPLY CNTR COLUMBUS</b> <b>ATTN DSCC-PLS</b> <b>PO BOX 3990 (TRANS 1-800-456-5507)</b> <b>COLUMBUS, OH 43218-3990</b>				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>													
9. CONTRACTOR CODE <b>02YK8</b>  <b>WEST SIDE TRACTOR SLS CO DEL</b> <b>1400 W OGDEN AVE</b> <b>NAPERVILLE IL 60563-3909</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED													
NAME AND ADDRESS				12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>															
14. SHIP TO CODE  <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE</b> <b>SEE FOLLOWING PAGE</b> <b>SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>				15. PAYMENT WILL BE MADE BY CODE <b>S33181</b>  <b>S33181 DFAS COLUMBUS CENTER</b> <b>ATTN DFAS CO BVDPC/CC CONSTRUCTION</b> <b>3990 E BROAD ST PO BOX 182317</b> <b>COLUMBUS OH 43218-6203</b>				<b>MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER</b>													
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. <b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																					
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 5CC0 001 26.0 S33150</b>																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">18. ITEM NO.</th> <th style="width: 40%;">19. SCHEDULE OF SUPPLIES/SERVICE</th> <th style="width: 10%;">20. QUANTITY ORDERED/ACCEPTED*</th> <th style="width: 5%;">21. UNIT</th> <th style="width: 10%;">22. UNIT PRICE</th> <th style="width: 25%;">23. AMOUNT</th> </tr> <tr> <td colspan="6" style="padding: 10px;"> <b>Remarks:</b>   <b>Terms and conditions are in accordance with Basic Contract.</b>   <b>Vendor's copy was sent EDI.</b>  <b>Do not duplicate shipment.</b> </td> </tr> </table>										18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	<b>Remarks:</b>  <b>Terms and conditions are in accordance with Basic Contract.</b>  <b>Vendor's copy was sent EDI.</b> <b>Do not duplicate shipment.</b>					
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* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA  BY: <b>EPPI Auto Award</b>		25. TOTAL <b>\$ 17.00</b>													
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.  32. PAID BY													
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS  33. AMOUNT VERIFIED CORRECT FOR													
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER													
42. S/R VOUCHER NO.		34. CHECK NUMBER		35. BILL OF LADING NO.		36. BILL OF LADING NO.		37. BILL OF LADING NO.													

## CONTINUATION SHEET

Order Number:

SP0700-01-D-9701 Z193

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## SECTION B

ITEM DESCRIPTION NOT INCLUDED

MILSTRIP REQUIRED DELIVERY DATE N

P/N AT20728 Manufacturer's CAGE - 75755

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	PR W68NE342820681	1	EA	17.00	17.00
	NSN 2940-00-192-9182				

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: DEST  
ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION BY: 2004 OCT 11

RDD N SHIP BY FASTEST TRACEABLE MEANS

PARCEL POST ADDRESS:

## FREIGHT ADDRESS:

W68NE3  
XR W12K FL MAINT PROP BOOK OFFICR  
MAINT DIV GEN SHOP SUPPLY  
BLDG 9630 I STREET  
FORT LEWIS, WA 98433-9500

M/F: (TCN) W68NE342820681  
RDD: N PROJ:  
PRIORITY: 02

END OF AWARD